

EXHIBIT M

Form 1040		Department of the Treasury - Internal Revenue Service (99) U.S. Individual Income Tax Return		2015	OMB No. 1545-0074	IRS Use Only-Do not write or staple in this space.																					
For the year Jan. 1-Dec. 31, 2015, or other tax year beginning 2015, ending 20						See separate instructions.																					
Your first name and initial RALPH T KELLY		Last name KELLY		Your social security number 6173																							
If a joint return, spouse's first name and initial BEATRICE D KELLY		Last name KELLY		Spouse's social security number 3430																							
Home address (number and street). If you have a P.O. box, see instructions. 7560 ANGEL FALLS DR					Apt. no.																						
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). MAINEVILLE OH 45039					Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse																						
Foreign country name		Foreign province/state/county		Foreign postal code																							
Filing Status 1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child																											
Exemptions 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input checked="" type="checkbox"/> Spouse																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">(1) First name</th> <th colspan="2">(2) Dependent's social security number</th> <th colspan="2">(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)</th> </tr> </thead> <tbody> <tr> <td colspan="2">OWEN A KELLY</td> <td colspan="2">9192</td> <td colspan="2">SON</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="2">IAN T KELLY</td> <td colspan="2">8429</td> <td colspan="2">SON</td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>							(1) First name		(2) Dependent's social security number		(3) Dependent's relationship to you		(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)	OWEN A KELLY		9192		SON		<input checked="" type="checkbox"/>	IAN T KELLY		8429		SON		<input checked="" type="checkbox"/>
(1) First name		(2) Dependent's social security number		(3) Dependent's relationship to you		(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)																					
OWEN A KELLY		9192		SON		<input checked="" type="checkbox"/>																					
IAN T KELLY		8429		SON		<input checked="" type="checkbox"/>																					
Boxes checked on 6a and 6b: 2 No. of children on 6c who: • lived with you: 2 • did not live with you due to divorce or separation (see instructions): 0 Dependents on 6c not entered above: 0 Add numbers on lines above: 4																											
d Total number of exemptions claimed																											
Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 209,488. 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends 10 Taxable refunds, credits, or offsets of state and local income taxes 217. 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15a 15b Taxable amount 16a Pensions and annuities 16a 16b Taxable amount 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20a 20b Taxable amount 21 Other income. List type and amount 22 Combine the amounts in the far right col for lines 7 through 21. This is your total income 209,705.																											
Adjusted Gross Income 23 Educator expenses 24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ 25 Health savings account deduction. Attach Form 8889 26 Moving expenses. Attach Form 3903 27 Deductible part of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN 32 IRA deduction 33 Student loan interest deduction 34 Tuition and fees. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 35 37 Subtract line 36 from line 22. This is your adjusted gross income 209,705.																											

Form 1040 (2015)

RALPH T & BEATRICE D KELLY

6173

Page 2

Tax and Credits**Standard Deduction for-**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$6,300
Married filing jointly or Qualifying widow(er), \$12,600
Head of household, \$9,250

38	Amount from line 37 (adjusted gross income)	38	209,705.
39a	Check <input type="checkbox"/> You were born before Jan. 2, 1951, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before Jan. 2, 1951, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	29,187.
41	Subtract line 40 from line 38	41	180,518.
42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	16,000.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	164,518.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	33,117.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	33,117.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	290.
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	290.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	32,827.
57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	32,827.

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	31,752.
65	2015 estimated tax payments and amount applied from 2014 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Additional child tax credit. Attach Form 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Re-served C <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	31,752.

Refund

Direct deposit? ☐
See instructions. ☐

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	
b	Routing number <input type="text"/>	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number <input type="text"/>		
77	Amount of line 75 you want applied to your 2016 estimated tax	77	

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	1,075.
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No	
Designee's name <input type="text"/> BENJAMIN F HOLLOWAY JR CPA	Phone no. <input type="text"/> 248-557-7883
Personal identification number (PIN) <input type="text"/> 45677	

Sign Here

Joint return? ☐
See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
Your signature <input type="text"/>	Date <input type="text"/>
Your occupation <input type="text"/> BANKER	Daytime phone number <input type="text"/> 586-879-6687
Spouse's signature. If a joint return, both must sign. <input type="text"/>	Date <input type="text"/>
Spouse's occupation <input type="text"/> BANKER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

Paid Preparer Use Only

Print/Type preparer's name <input type="text"/> BENJAMIN F HOLLOWAY JR	Preparer's signature <input type="text"/>	Date <input type="text"/> 04/04/2016	Check <input type="checkbox"/> if self-employed	PTIN <input type="text"/> P00395746
Firm's name <input type="text"/> NATIONAL TAX SERVICES INC	Firm's EIN <input type="text"/> 38-2856334			
Firm's address <input type="text"/> 17663 WEST TEN MILE ROAD SOUTHFIELD MI 48075	Phone no. <input type="text"/> 248-557-7883			

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

► Attach to Form 1040.

OMB No. 1545-0074

2015Attachment
Sequence No. **07**

Name(s) shown on Form 1040:

RALPH T & BEATRICE D KELLY

Your social security number

6173

**Medical
and
Dental
Expenses**

Caution: Do not include expenses reimbursed or paid by others.

- 1** Medical and dental expenses (see instructions) **1**
- 2** Enter amount from Form 1040, line 38 **2** 209,705.
- 3** Multiply line 2 by 10% (.10). But if either you or your spouse was born before Jan. 2, 1951, multiply line 2 by 7.5% (.075) instead **3** 20,971.
- 4** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- **4**

**Taxes You
Paid****5** State and local (check only one box):☒ a Income taxes, or☐ b General sales taxes

- 6** Real estate taxes (see instructions) **6** 2,473.
- 7** Personal property taxes **7**
- 8** Other taxes. List type and amount ►
AUTO REGISTRATION FEES **8** 360.
- 9** Add lines 5 through 8 **9** 16,604.

**Interest
You Paid****Note:**Your mortgage
interest
deduction may
be limited (see
instructions).

- 10** Home mortgage interest and points reported to you on Form 1098 **10** 3,395.
- 11** Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► **11**
- 12** Points not reported to you on Form 1098. See instructions for special rules **12**
- 13** Mortgage insurance premiums (see instructions) **13**
- 14** Investment interest. Attach Form 4952 if required. (See instructions.) **14**
- 15** Add lines 10 through 14 **15** 3,395.

**Gifts to
Charity**If you made a
gift and got a
benefit for it,
see instructions.

- 16** Gifts by cash or check. If you made any gift of \$250 or more, see instructions **16** 4,524.
- 17** Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 **17** 4,664.
- 18** Carryover from prior year **18**
- 19** Add lines 16 through 18 **19** 9,188.

**Casualty and
Theft Losses****20** Casualty or theft loss(es). Attach Form 4684. (See instructions.) **20****Job Expenses
and Certain
Miscellaneous
Deductions**

- 21** Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► **21**
- 22** Tax preparation fees **22** 175.
- 23** Other expenses - investment, safe deposit box, etc. List type and amount ► **23**
- 24** Add lines 21 through 23 **24** 175.
- 25** Enter amount from Form 1040, line 38 **25** 209,705.
- 26** Multiply line 25 by 2% (.02) **26** 4,194.
- 27** Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- **27**

**Other
Miscellaneous
Deductions**

- 28** Other - from list in the inst. List type and amount ► **28**

**Total
Itemized
Deductions**

- 29** Is Form 1040, line 38, over \$154,950?
☒ No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. **29** 29,187.
☐ Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.
- 30** If you elect to itemize deductions even though they are less than your standard deduction, check here ☐

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2015

US Schedule A**Itemized Deduction Detail Worksheet****2015**

Name: RALPH T & BEATRICE D KELLY

SSN: [REDACTED]

6173

Medical Expenses

Medical miles:

Deduction:

Insurance premiums paid (not pre-tax)		Medicare from 1040 worksheet	
Taxpayer		Remainder from worksheets	
Spouse		Taxpayer	
Qualified long term care contracts		Spouse	
Taxpayer		Self-employed health insurance	
Spouse		Taxpayer	
Other medical expenses		Spouse	
MEDICAL & DENTAL EXP			
		Amount from additional worksheets	
		Total	

Cash Contributions

50% Limit Organizations		Other Charitable miles:	X .14 =
WEST MASON	1,820.		
CITY GATES	2,704.		
		From Schedules K-1	
		Amount from additional worksheets	
		Total	4,524.

30% Limit Organizations

Charitable miles:

X .14 =

		Schedules K-1	
		Amount from additional worksheets	
		Total	

Other Than Cash Contributions**50% Limit Organizations**

		From Forms 8283	4,664.
		Amount from additional worksheets	
From Schedules K-1		Total	4,664.

30% Limit Capital gain property donated to 50% limit organizations.

		From Forms 8283	
From Schedules K-1		Total	

30% Limit Not capital gain property donated to 30% limit organizations.

		From Forms 8283	
From Schedules K-1		Total	

20% Limit Organization Capital gain property donated to 30% limit organizations.

		From Forms 8283	
From Schedules K-1		Total	

Contribution Carryovers

	From years 2010 through 2015				To 2016 tax year			
	Cash and other property 50%	Capital gain property 30%	Capital gain property 20%		Cash and other property 50%	Capital gain property 30%	Capital gain property 20%	
2010								
2011								
2012								
2013								
2014								
2015								

Contributions allowed this year

50% of adjusted gross income	104,853.	
This year's 50% organization cash contributions allowed		9,188.
30% of adjusted gross income	62,912.	
This year's capital gain contributions to 50% organizations limited to 30%		
50% cash carryover allowed		
50% capital gain carryover limited to 30%		
This year's 30% organization cash and other property contributions allowed		
30% organizations cash and other property carryover		
20% of adjusted gross income	41,941.	
This year's capital gain contributions to 30% organizations limited to 20%		
30% capital gain carryover limited to 20% AGI		9,188.
Total contributions allowed this year		

USWAS\$1

W-2 DETAIL REPORT - 2015.

Employer	EIN	TP/SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
KEYBANK NATIONAL ASSOC	34-0797057	X	70382	7692	4739	1108	OH	70382	2119	MASON	262
FIFTH THIRD BANK	31-0676865	X	139106	24060	7347	2124	OH	139106	5094	DAYTON CINCINNAT	1193 5094
			209488	31752	12086	3232		209488	7213		6549

US**Estimated Tax Payments Made for the Current Tax Year****2015**

Name: RALPH T & BEATRICE D KELLY

SSN: [REDACTED] 6173

Federal Estimated Tax Payments

See note below	Date of payment	Amount of payment	Towards 04/15/2015 payment	Towards 06/15/2015 payment	Towards 09/15/2015 payment	Towards 01/15/2016 payment
From last year						
D 04/15 1						
U 06/15 2						
E 09/15 3						
01/15 4						
* Pay date	04/15/2016					
Totals						

* Fill in the pay date on Form 2210, page 1.

State Estimated Tax Payments

**The day listed in the date of payment section is the due date for most state estimated tax payments. If your state has different due dates, disregard the date suggested. If payment 1 was paid on or before the date due for payment 1, enter it in payment 1, etc.

* Check the * column if payment 4 was paid before 01/01/2016.

Taxpayer, Joint, or Combined State Return

** Date of Payment							
State	Credit from last year	04/15/2015 Amount 1	06/15/2015 Amount 2	09/15/2015 Amount 3	01/15/2016 Amount 4	*	Total
OH							
OH	State and/or local balance due from previous years' returns paid in 2015. Include amounts paid with a 2014 extension paid in 2015						9.
	State and/or local balance due from previous years' returns paid in 2015. Include amounts paid with a 2014 extension paid in 2015						
OH	Last state estimate payment for 2014 paid in 2015 (due January 15, 2015).....						
	Last state estimate payment for 2014 paid in 2015 (due January 15, 2015).....						

Spouse Filing Married Separate State Tax Return or Second Full Year Resident State

** Date of Payment							
State	Credit from last year	04/15/2015 Amount 1	06/15/2015 Amount 2	09/15/2015 Amount 3	01/15/2016 Amount 4	*	Total

Form **2441** **Child and Dependent Care Expenses** **1040** **1040A** **1040NR** **2441** OMB No. 1545-0074 **2015** Attachment Sequence No. 21

Department of the Treasury Internal Revenue Service (99) ▶ Attach to Form 1040, Form 1040A, or Form 1040NR. ▶ Information about Form 2441 and its separate instructions is at www.irs.gov/form2441.

Name(s) shown on return **RALPH T & BEATRICE D KELLY** Your social security number **6173**

Part I **Persons or Organizations Who Provided the Care** - You must complete this part.
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	THE GODDARD SCHOOL	3613 SOCIALVILLE-FOSTER RD MASON OH 45040	31-1465091	17,957.

Did you receive dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on page 2.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name	(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2015 for the person listed in column (a)
First Last		
OWEN A KELLY	9192	6,704.
IAN T KELLY	8429	6,703.

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31. **3** 1,450.

4 Enter your earned income. See instructions. **4** 70,382.

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4. **5** 139,106.

6 Enter the smallest of line 3, 4, or 5. **6** 1,450.

7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37. **7** 209,705.

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0-15,000		.35	\$29,000-31,000		.27
15,000-17,000		.34	31,000-33,000		.26
17,000-19,000		.33	33,000-35,000		.25
19,000-21,000		.32	35,000-37,000		.24
21,000-23,000		.31	37,000-39,000		.23
23,000-25,000		.30	39,000-41,000		.22
25,000-27,000		.29	41,000-43,000		.21
27,000-29,000		.28	43,000-No limit		.20

8 X. 0.20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2014 expenses in 2015, see the instructions. **9** 290.

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions. **10** 33,117.

11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47. **11** 290.

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **2441** (2015)

Form 2441 (2015)

RALPH T & BEATRICE D KELLY

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Part III Dependent Care Benefits

12	Enter the total amount of dependent care benefits you received in 2015. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	4,550.
13	Enter the amount, if any, you carried over from 2014 and used in 2015 during the grace period. See instructions	13	
14	Enter the amount, if any, you forfeited or carried forward to 2016. See instructions	14	()
15	Combine lines 12 through 14. See instructions	15	4,550.
16	Enter the total amount of qualified expenses incurred in 2015 for the care of the qualifying person(s)	16	17,957.
17	Enter the smaller of line 15 or 16	17	4,550.
18	Enter your earned income . See instructions	18	70,382.
19	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19	139,106.
20	Enter the smallest of line 17, 18, or 19	20	4,550.
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19)	21	5,000.
22	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	4,550.
23	Subtract line 22 from line 15	23	4,550.
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	
25	Excluded benefits. Form 1040 and 1040NR filers: If you checked "No" on line 22, enter the smaller of line 20 or line 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. Form 1040A filers: Enter the smaller of line 20 or line 21	25	4,550.
26	Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB." Form 1040A filers: Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB"	26	

To claim the child and dependent care credit, complete lines 27 through 31 below.

27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	6,000.
28	Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25	28	4,550.
29	Subtract line 28 from line 27. If zero or less, stop. You cannot take the credit. Exception. If you paid 2014 expenses in 2015, see the instructions for line 9	29	1,450.
30	Complete line 2 on page 1 of this form. Do not include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	13,407.
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	1,450.

Form **4562**
Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)
▶ Attach to your tax return.▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562

OMB No. 1545-0172

2015Attachment
Sequence No. **179**

Name(s) shown on return

RALPH T & BEATRICE D KELLY

Business or activity to which this form relates

SCH C

Identifying number

6173

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2015	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B — Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C — Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total: Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BCA For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562

OMB No. 1545-0172

2015Attachment
Sequence No. **179**

Name(s) shown on return.

RALPH T & BEATRICE D KELLY

Business or activity to which this form relates

SCH E

Identifying number

6173

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B — Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C — Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total: Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BCA For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2015)

Page: 1

6173

2015 ASSET DETAIL REPORT

Description	Acqd Date	Cost	Bus. Use	Spec.	Basis	Method	Per.	Rec. Cv	Prior Depr.	Current Depr.	Next Year	Prior AMT	Current AMT	Gain/Price	Sales Price	Date Sold	
Form: SCH C																	
Rental Property: N/A																	
Depreciation Class: Office equipment																	
In Service Year: 2009																	
LAP TOP, EQU	05/09	3604	100			MACRS	7.0	HY	3604								
Form Totals:		3604							3604								
Form: SCH E																	
Rental Property: (A) 1 16085 SPREGER																	
Depreciation Class: Real property residential rental																	
In Service Year: 2014																	
SPREGER	05/14	125000	100			MACRS	27.5	MM	2557			2557					STOP
Form Totals:		125000							2557			2557					

Form **8283**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Noncash Charitable Contributions

▶ Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

OMB No. 1545-0908

Attachment
Sequence No. **155**▶ Information about Form 8283 and its separate instructions is at www.irs.gov/form8283.

Name(s) shown on your income tax return

RALPH T & BEATRICE D KELLY

Identifying number

6173

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities - List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is more than \$5,000 (see instructions).

Part I Information on Donated Property - If you need more space, attach a statement.

	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached)	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
1			
A	GOODWILL INDUSTRIES 10600 SPRINGFIELD PIKE CINCINNATI OH 45215-	<input type="checkbox"/>	CLOTHES, SHOES, SUITS, HH ITEM
B	GOODWILL INDUSTRIES 10600 SPRINGFIELD PIKE CINCINNATI OH 45215-	<input type="checkbox"/>	CLOTHES, SHOES, SUITS, HH ITEM
C	GOODWILL INDUSTRIES 10600 SPRINGFIELD PIKE CINCINNATI OH 45215-	<input type="checkbox"/>	CLOTHES, SHOES, SUITS, HH ITEM
D	GOODWILL INDUSTRIES 10600 SPRINGFIELD PIKE CINCINNATI OH 45215-	<input type="checkbox"/>	CLOTHES, SHOES, SUITS, HH ITEM
E		<input type="checkbox"/>	

Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	05/05/2015		PURCHASED	3,003.	1,158.	RESELL VALUE
B	06/30/2015		PURCHASED	3,388.	1,268.	RESELL VALUE
C	11/30/2015		PURCHASED	3,199.	1,214.	RESELL VALUE
D	12/30/2015		PURCHASED	3,584.	1,024.	RESELL VALUE
E						

Part II Partial Interests and Restricted Use Property - Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

- 2a Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ _____
If Part II applies to more than one property, attach a separate statement.
- b Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year ▶ _____
(2) For any prior tax years ▶ _____
- c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):
Name of charitable organization (donee) _____
Address (number, street, and room or suite no.) _____
City or town, state and ZIP code _____
- d For tangible property, enter the place where the property is located or kept ▶ _____
- e Name of any person, other than the donee organization, having actual possession of the property ▶ _____

- 3a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?
- b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?
- c Is there a restriction limiting the donated property for a particular use?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

Form **8283** (Rev. 12-2014)

Form **8582**Department of the Treasury
Internal Revenue Service (99)**Passive Activity Loss Limitations**

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

OMB No. 1545-1008

2015Attachment
Sequence No. **88**

Name(s) shown on return

RALPH T & BEATRICE D KELLY

Identifying number

6173

Part I 2015 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)**1a** Activities with net income (enter the amount from Worksheet 1, column (a))**1a****b** Activities with net loss (enter the amount from Worksheet 1, column (b))**1b****c** Prior years unallowed losses (enter the amount from Worksheet 1, column (c))**1c****d** Combine lines 1a, 1b, and 1c**1d****Commercial Revitalization Deductions From Rental Real Estate Activities****2a** Commercial revitalization deductions from Worksheet 2, column (a)**2a****b** Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)**2b****c** Add lines 2a and 2b**2c****All Other Passive Activities****3a** Activities with net income (enter the amount from Worksheet 3, column (a))**3a****b** Activities with net loss (enter the amount from Worksheet 3, column (b))**3b****c** Prior years unallowed losses (enter the amount from Worksheet 3, column (c))**3c**

1,592.

d Combine lines 3a, 3b, and 3c**3d**

(1,592.)

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used**4**

(1,592.)

If line 4 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.

• Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.**Part II Special Allowance for Rental Real Estate Activities With Active Participation**

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4**5****6** Enter \$150,000. If married filing separately, see instructions**6****7** Enter modified adjusted gross income, but not less than zero (see instructions)**7**

Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.

8 Subtract line 7 from line 6**8****9** Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions.**9****10** Enter the smaller of line 5 or line 9**10**

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions**11****12** Enter the loss from line 4**12****13** Reduce line 12 by the amount on line 10**13****14** Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13**14****Part IV Total Losses Allowed****15** Add the income, if any, on lines 1a and 3a and enter the total**15****16** Total losses allowed from all passive activities for 2015. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return**16**

For Paperwork Reduction Act Notice, see instructions.

Form **8582** (2015)

Form 8582 (2015)

RALPH T & BEATRICE D KELLY

6173

Page 2

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.**Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c					

Worksheet 2 - For Form 8582, Line 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
SCH E RENTAL			1,592.		1,592.
Total. Enter on Form 8582, lines 3a, 3b, and 3c			1,592.		

Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total			1.00		

Worksheet 5 - Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
SCH E RENTAL	SCH E 23	1,592.	1.0000	1,592.
Total		1,592.	1.00	1,592.

Form 8582 (2015)

RALPH T & BEATRICE D KELLY

6173

Page 3

Worksheet 6 - Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
SCH E RENTAL	SCH E 23	1,592.	1,592.	
Total		1,592.	1,592.	

Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed Loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total			1.00		

BCA

Form 8582 (2015)

Form 1040 Department of the Treasury—Internal Revenue Service (99) 2016		OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.																									
For the year Jan. 1–Dec. 31, 2016, or other tax year beginning _____, ending _____																												
Your first name RALPH		M.I. T	Last name KELLY																									
If a joint return, spouse's first name BEATRICE		M.I. D	Last name KELLY																									
Home address (number and street). If you have a P.O. box, see instructions. 7560 ANGEL FALLS DR		Apt. no.																										
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). MAINEVILLE OH 45039		Foreign country name																										
Foreign province/state/country		Foreign postal code																										
Filing Status 1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child		See separate instructions. Your social security number 6173 Spouse's social security number 3430 Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse																										
Exemptions 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input checked="" type="checkbox"/> Spouse c Dependents: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)</th> </tr> </thead> <tbody> <tr> <td>OWEN A</td> <td>KELLY</td> <td>9192</td> <td>SON</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>IAN T</td> <td>KELLY</td> <td>8429</td> <td>SON</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> d Total number of exemptions claimed 4				(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)	OWEN A	KELLY	9192	SON	<input checked="" type="checkbox"/>	IAN T	KELLY	8429	SON	<input checked="" type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)																								
OWEN A	KELLY	9192	SON	<input checked="" type="checkbox"/>																								
IAN T	KELLY	8429	SON	<input checked="" type="checkbox"/>																								
				<input type="checkbox"/>																								
				<input type="checkbox"/>																								
Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 16a Pensions and annuities 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20b Other income. List type and amount 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income.				7 227,818 8a 9a 10 11 12 13 14 15b 16b 17 18 19 20b 21 22 227,818																								
Adjusted Gross Income 23 Educator expenses 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 Health savings account deduction. Attach Form 8889 26 Moving expenses. Attach Form 3903 27 Deductible part of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN 32 IRA deduction 33 Student loan interest deduction 34 Tuition and fees. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8903 36 Add lines 23 through 35 37 Subtract line 36 from line 22. This is your adjusted gross income				23 24 25 26 27 28 29 30 31a 32 33 34 35 36 37 227,818																								

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

BCA:

Form 1040 (2016)

Form 1040 (2016)

RALPH T & BEATRICE D KELLY

6173

Page 2

38 Amount from line 37 (adjusted gross income).		38	227,818
Tax and Credits	39a Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked 39a		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here. 39b		
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	42,257
	41 Subtract line 40 from line 38	41	185,561
	42 Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions.	42	16,200
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	169,361
	44 Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	34,407
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	
	46 Excess advance premium tax credit repayment. Attach Form 8962	46	
	47 Add lines 44, 45, and 46	47	34,407
	48 Foreign tax credit. Attach Form 1116 if required	48	
	49 Credit for child and dependent care expenses. Attach Form 2441	49	340
50 Education credits from Form 8863, line 19	50		
51 Retirement savings contributions credit. Attach Form 8880	51		
52 Child tax credit. Attach Schedule 8812, if required	52		
53 Residential energy credits. Attach Form 5695	53	500	
54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54		
55 Add lines 48 through 54. These are your total credits	55	840	
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	33,567	
Other Taxes	57 Self-employment tax. Attach Schedule SE	57	
	58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a Household employment taxes from Schedule H	60a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61 Health care: Individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62		
63 Add lines 56 through 62. This is your total tax	63	33,567	
Payments	64 Federal income tax withheld from Forms W-2 and 1099	64	38,464
	65 2016 estimated tax payments and amount applied from 2015 return	65	
	66a Earned income credit (EIC)	66a	
	b Nontaxable combat pay election 66b	66b	
	67 Additional child tax credit. Attach Schedule 8812	67	
	68 American opportunity credit from Form 8863, line 8	68	
	69 Net premium tax credit. Attach Form 8962	69	
	70 Amount paid with request for extension to file	70	
	71 Excess social security and tier 1 RRTA tax withheld	71	
	72 Credit for federal tax on fuels. Attach Form 4136	72	
73 Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73		
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	38,464	
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	4,897
	76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. 76a	76a	4,897
Direct deposit? See instructions.	b Routing number 044000037 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 659073220		
77 Amount of line 75 you want applied to your 2017 estimated tax	77		
Amount You Owe	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions.	78	
	79 Estimated tax penalty (see instructions)	79	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No		
	Designee's name BENJAMIN F HOLLAWAY Phone no. 248-557-7883 Personal identification number (PIN) 12112		
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation
			Daytime phone number 586-879-6687
			If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Paid Preparer Use Only	Print/Type preparer's name BENJAMIN F HOLLAWAY	Preparer's signature BENJAMIN F HOLLAWAY	Date 03/27/2017
	Firm's name NATIONAL TAX SERVICES INC	Firm's EIN 38-2856334	Check <input type="checkbox"/> if self-employed PTIN P00395746
	Firm's address 17663 WEST TEN MILE	Phone no. 248-557-7883	
	SOUTHFIELD, MI 48075		

Form 1040 (2016)